

Koori Prisoner Mental Health and Cognitive Function Study

EXECUTIVE SUMMARY AND RECOMMENDATIONS

Prepared for the Department of Justice, Victoria

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Centre for Forensic
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Victorian Aboriginal Community
Controlled Health Organisation
(VACCHO)



MONASH University



OVERVIEW

This document provides the Executive Summary and Recommendations from the Koori Prisoner Mental Health and Cognitive Function Study commissioned by the Department of Justice.

ACKNOWLEDGEMENTS

This report represents a significant undertaking on a most important topic. We are grateful first and foremost to the incarcerated female and male participants who gave of their time so freely. The project truly would not have been possible without their assistance and it is our hope that positive changes can be made based on the findings presented which will benefit Koori prisoners. We are grateful to Dr. Ed Heffernan and Kimina Anderson for their helpful advice and information concerning the development of the project. Dr. Gennady Baksheev also assisted in the development of the original project proposal and we gratefully acknowledge his work. We would also like to thank Graham Gee for providing culturally sensitive training and supervision to interviewers, as well as ongoing advice throughout the project. We are grateful to Dr. Vicki Grieves, ARC Indigenous Research Fellow, University of Sydney, upon whose work some of the social well-being interview questions were based. We would like to extend our sincere thanks to the Aboriginal interviewers who assisted with this project, Karen Jackson, Robert Whybrow, Michael Bryden, Andrew Robinson, as well as the mental health interviewers, Cassandra Dean, Kaine, Grigg, Felicity Lorains, Dragana Kesic, Tamsin Short, Alicia Tanner, and Rachael Watson. Jenny Patterson and James Ogloff also conducted mental health interviews. We gratefully acknowledge the assistance of Maree Stanford in helping to coordinate the interviews and provide administrative support. We would also like to thank Simon Larmour who assisted with the data analyses and the report preparation. Dr. Anita Goh and Dr. Chris Gillies provided valuable advice regarding the cognitive measures chosen for the study. We are grateful to the many people who assisted with the work and who provided guidance to the evaluation team; in particular, we would like to thank Julian Thomas, Liz Dearn and Bonnie Swan from Justice Health for providing ongoing support for the project. In particular, Julian Thomas has overseen all aspects of the project from its conception. His help, advice, and support has been invaluable. We are grateful as well to the members of the Project Steering Committee and the Project Advisory Committee, whose names are listed on the following page. The Steering Committee, chaired by Michelle Gardner and then Larissa Strong, helped to shape the project, reviewed drafts of the information, and provided helpful advice along the way. Members of the Project Advisory Committee gave freely of their time to provide guidance on the development of the project, as well as reflections and advice regarding the draft findings and recommendations. Many people gave of their time in the stakeholder interviews that are reported in this report. Their insights and experience provided a wealth of information that assisted in our work.

The views expressed are those of the authors and do not necessarily represent the policies or opinions of the Department of Human Services or the Government of Victoria.

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

Project Outline

The Centre for Forensic Behavioural Science at Monash University (CFBS) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) were engaged by the Department of Justice to examine the mental health, cognitive functioning, and social and emotional wellbeing of Koori prisoners in Victoria. The study arose from the policies and priorities articulated by the original Aboriginal Justice Agreement (AJA) released in 2000 to address Koori overrepresentation in the criminal justice system and the expanded AJA2 of 2006. The study was jointly overseen by Justice Health and the Koori Justice Unit.

A consultancy team comprising Professor James Ogloff, Dr. Karen Adams, Associate Professor Stuart Thomas, Dr Margaret Cutajar (later replaced by Dr. Jenny Patterson) and Mr. Chris Halacas undertook the consultancy. Advice was provided by Mr. Graham Gee (Psychologist), Dr. Ed Heffernan (Psychiatrist and Director, Forensic Mental Health, Queensland) and Ms. Kimina Anderson (Social Worker and Project Manager, Forensic Mental Health, Queensland).

The study was designed in collaboration with the project Steering Committee and a Project Advisory Group, the members of which provided feedback with regards to the design of the study protocols, questionnaire design, data analysis, interpretation of findings, and recommendations.

Aims

The project firstly sought to conduct a thorough assessment of needs from the perspective of Aboriginal and Torres Strait Islander prisoners in Victoria, and secondly, to gain an understanding of the service gaps and needs from the perspective of key stakeholders in Victoria. To this end, the aims of the project were to:

- Identify the Social and Emotional Well-Being (SEWB) strengths and needs of Aboriginal and Torres Strait Islander prisoners, including levels of psychological distress

- Identify the nature and extent of mental illness for Aboriginal and Torres Strait Islander prisoners and their associated needs
- Assess the cognitive functioning of Aboriginal and Torres Strait Islander prisoners and their associated needs
- Identify barriers to accessing services and other potential gaps in meeting identified needs
- Develop recommendations for improving current service systems and clinical practice

Methods

A literature was undertaken to explore previous research that has investigated the mental health, cognitive functioning and social and emotional well-being of Aboriginal and Torres Strait Islander prisoners.

A representative sample of Koori prisoners was interviewed. The questionnaire that was developed drew on concepts of Social and Emotional Wellbeing (SEWB) taken from two previous questionnaires used with Aboriginal and Torres Strait Islander people in Australia, neuropsychological and diagnostic tools and also included demographic questions that would provide a description of the sample. Collateral information on the prisoners who participated in the study was also collected from government databases to enable an exploration of the more complex relationships between SEWB, mental health, substance use and offending.

Interviews with Koori prisoners took place between January 2012 and October 2012. All remanded and sentenced Aboriginal and Torres Strait Islander prisoners from regional and metropolitan prisons Victoria-wide were approached to participate in the study. Aboriginal Wellbeing/Liaison Officers at each prison briefly informed eligible participants of the details of the study. Those prisoners interested in participating in the study then met with the interviewers who provided them with an explanatory statement.

Interviews with prisoners were conducted in teams consisting of a culturally trained mental health clinician and an Aboriginal and Torres Strait Islander research officer. Interviews varied in length from 50-240 minutes, depending on the prisoner's willingness to disclose information and the matters that arose. Key stakeholders were interviewed November and

December 2012 in a semi-structured format over the telephone to gain an understanding of the current service delivery models and gaps in service provision for Aboriginal and Torres Strait Islander prisoners

Main Findings from the Literature Review

- The review revealed that across their lives Aboriginal and Torres Strait Islander prisoners, particularly females, are exposed to high rates of social adversity, trauma and health problems.
- There is limited high quality research regarding the nature and types of mental health and cognitive functioning problems amongst Aboriginal and Torres Strait Islander people in custody. This may be due in part to the lack of culturally validated assessment tools.
- The available literature suggests that Aboriginal and Torres Strait Islander people in custody have high rates of complex mental health and cognitive functioning problems.
- Importantly, the review revealed that the bulk of the literature examined only illness aspects of mental health amongst Aboriginal and Torres Strait Islander people, with little attention given to positive life experiences that may act as protective factors for Aboriginal and Torres Strait Islander people's well-being.

Key Findings from the Study

Phase I: Koori prisoner interviews

A total of 122 Aboriginal and/or Torres Strait Islander prisoners participated in the study (107 males and 15 females). The participation rate was high and the sample obtained is representative of the broader Aboriginal and Torres Strait Islander prisoner population in Victoria. Given the small sample of females, caution must be exercised when considering the results pertaining to women.

The vast majority of participants were born and raised in Victoria. The age range of men was from 19 to 63 years and for women it was 19 to 50 years. The average age of men was 35 years (SD = 10) and for women it was 32 years (SD = 9). Participants were sampled from all prisons except for Beechworth and Tarrengower. Participants had relatively low levels of formal education, with the majority having a year 10 education or less. A small percentage (less than 3%) had obtained a technical trade or university degree.

Male and female sentenced participants had been convicted of a range of offences, with the majority being for crimes involving physical violence. Just over a quarter of men (28%) and one third of women (33%) were on remand at the time of the interview.

Mental illness and substance misuse

With respect to findings pertaining to mental illnesses (excluding substance misuse disorders), 71.7% of men and 92.3% of women had received a lifetime diagnosis of mental illness. The prevalence of all disorders, except psychotic illnesses, for both men and women were found to be significantly greater than what would be expected in a population of non-Aboriginal offenders based on previous research. The rates of all disorder, including psychotic illnesses, were dramatically higher than those found in the general community in Victoria.

For both males and females, the most prevalent illnesses included major depressive episodes and post-traumatic stress disorder (PTSD). Almost half (46%) of women, as compared to 14.7% of men, were found to have met the criteria for PTSD at the time of the interview.

Rates of substance abuse and dependence disorders were greatly over-represented with 92.9% of women and 76% of men found to have a lifetime substance misuse disorder. Most people with mental illnesses had a co-occurring substance misuse disorder.

Cognitive Functioning

With respect to cognitive functioning, none of the participants in the sample were found to have dementia or otherwise be grossly impaired. The level of non-verbal intelligence among participants was found to be roughly equal to other prisoners (mean Performance IQ = 93),

with only 4% of prisoners falling in the borderline IQ range. Almost 12% of participants were found to have some significant executive functioning deficits (e.g., poor decision making, concrete thinking).

Social and Emotional Well-Being

Seven areas of SEWB were evaluated: identification with their Koori community, connectivity with their Koori culture, knowledge about their Koori culture, positive coping, resilience, stressors, and distress. The vast majority of both male and female participants felt connected to their Koori community and culture. Almost two thirds reported having learned about their culture from their family and community. Most felt that they had the knowledge to teach younger members of their family about their culture. Unfortunately, many people felt that their opportunities to practice or live their spirituality were very limited. Many also felt unable to give to their family and friends over the past 12 months. On average, a significant number of participants were found to have had a high level of unmet needs and experienced stress. The majority of participants were found to have a positive level of resilience and more than half of males and 40% of females reported that they have not felt distressed in the past 12 months.

Relationship between Mental Illness and SEWB

Analyses were conducted to assess the extent to which elements of SEWB affected the prevalence of mental illness among participants. Generally speaking, the presence of stressors and distress were related to a higher prevalence of mental illnesses, although the specific relationships were complex. Those with greater levels of resilience were less likely to experience mood disorders (e.g., depression, bipolar disorder) and anxiety disorders (e.g., PTSD, panic disorder) but not psychotic illnesses. Similarly, greater numbers of unmet needs were related an increased likelihood of having a mood disorder or anxiety disorder, but not psychotic illnesses.

Phase II: Stakeholder Interviews***Does your organisation have an Aboriginal and Torres Strait Islander Health Policy?***

Most organisations had a policy or were in the process of developing a relevant policy in this area.

What are the main issues faced by Koori individuals when coming into prison?

A number of issues were identified including displacement, intergenerational trauma and grief, substance misuse and withdrawal, isolation from their country and mob. It was noted that many Koori prisoners have a distrust of the “system” and those who work in it. There is a lower level of engagement among Koori prisoners than that which is seen for most other prisoners. Stakeholders noted the presence of racism in the prisons and a lack of cultural awareness or planning. Also noted was a lack of integrated planning and communication between Koori-specific and mainstream services.

What are the main issues that impact on mental illness, cognitive functioning and social and emotional wellbeing for Koori men and women in prison?

It was believed that guilt and shame associated with crime and incarceration impacts prisoners’ mental state and SEWB. Some Koori prisoners also demonstrate a lack of understanding of the importance of some health related behaviours. It was also noted that some Koori prisoners exhibit a degree of defensiveness that stems from negative experiences with non-Indigenous Australians. Factors such as frequent prisoner transfers and the over-assessment and relative under-treatment of Koori prisoners were reported to have detrimental effects. Moreover, Koori prisoners often have chaotic family lives, lack some skills, and experience feelings of hopeless about future opportunities.

What are the main barriers to Social Emotional Wellbeing and mental health service access for Koori men and women in prison, including transition services?

A lack of trust among Koori prisoners, a lack of interagency communication, and the time limited nature of services were all noted to impede mental health service access. It was reported that movement of prisoners can make follow-up and continuity of care difficult or impossible. There are long waiting lists for services and too many steps in the referral process before people actually make contact with a service provider. There are limited places in Koori-specific programs and they are not found in all prisons.

What are the main barriers to Social Emotional Wellbeing and mental health service delivery for Koori men and women in prison, including transition services?

A lack of understanding and training amongst professionals in Aboriginal mental health was identified; this is compounded by a lack of Koori mental health workers. The current model of mental health care provided in prisons is not embedded within a culturally sensitive context and may not be meaningful to Koori people. There is poor continuity of treatment from community to prison and back (i.e., frequent changes to medication regime, lack of communication between services). Adding to feelings of mistrust previously identified, the insufficient time available to develop professional relationships and rapport are seen as challenging. The pre- and post-release funding model is seen as too rigid and often results in an inaccurate assessment of prisoners needs. Significant concerns were raised relating to the lack of follow-up services upon release, raising the need for more preparation around post-release planning which should commence much earlier.

What works in the existing service delivery system?

A number of factors that may have success were identified. For example, healing programs were highlighted, but it was noted that too few are available. Other programs and services that place treatment in a context that is relevant to Koori people are helpful. Aboriginal Welfare Officers (AWOs) and Aboriginal Liaison Officers (ALOs) can be very effective. The mental health screening of prisoners coming into prison is seen as positive in identifying mental health needs in all prisoners, including Koori prisoners. Family contact may be helpful and there is a need for more opportunities to help prisoners re-connect to their families. It was noted that very high needs clients tend to receive better support and post-release planning because they tend to attract considerable attention. The informal system of

referrals which involves talking to other prisoners and AWOs helps to encourage people to attend services. A consistency in professionals is helpful; it was noted that all too often there are changes in staffing.

What else could work and is needed, but is not part of the current service delivery model?

A need exists for systematically detecting mental illness after prisoners are incarcerated. There is a need for more sophisticated psychological treatment to deal with trauma. The approach to mental health services needs to be holistic – not just about illness, but about resilience and other aspects of well-being. Coordinated release planning across agencies – including Koori services – is required. It was noted that services are required for non-acute needs.

Recommendations

Drawing on the findings from the study, the following recommendations were developed focussing on systems recommendations and recommendations pertaining to practice. The flow of services is depicted in Figure 1 that follows the recommendations.

Systems Recommendations

1. The Department of Justice should identify the mental health and well-being of Koori prisoners as an immediate priority for service development.
2. The findings from the Koori Prisoner Mental Health and Cognitive Function Study should inform an up-to-date action plan to underpin mental health service development and delivery for Koori prisoners. Once established, the action plan should be measured within AJA3's Monitoring and Evaluation Framework and monitored by the Aboriginal Justice Forum for five years to ensure it is implemented appropriately. The action plan should be linked to existing accountability processes for the Victorian Aboriginal Justice Action Plan, including Justice Health's Koori Inclusion Action Plan and Justice Health's Aboriginal Justice Action Plan.

3. The philosophy underpinning the development and delivery of a model of mental health care for Koori prisoners should be based on the Social and Emotional Well-Being (SEWB) model of mental health. A variety of specific delivery models should be considered for use, including enhanced culturally sensitive practice, the training and recruitment of Aboriginal mental health professionals and mobile Koori mental health care teams.
4. Mechanisms, such as scholarships and internships, should be investigated to increase the availability of Aboriginal mental health professionals in prisoner health and mental health services.
5. Justice Health and contracted health service providers require an overarching policy for mental health assessments and the delivery of mental health services to Koori prisoners. While establishing standards, the policies need to be flexible and responsive to local needs.
6. Increased availability of cultural and spiritual practices and supports are required to assist Koori people to participate in activities to enable them to connect with their culture and practice their cultural activities while incarcerated.
7. Any service delivery model or practices implemented for Koori prisoners must be evaluated to help determine their utility in addressing the needs of this population. An evaluation framework should be embedded in the service development and delivery model that ensures that Koori people are involved in data collection, analysis, and interpretation.
8. Objective, measureable, key performance indicators should be set for health providers to ensure that the health, mental health and social and emotional well-being of prisoners are being met.
9. The development of mental health and SEWB services should ensure continuity of care across the period of incarceration. To the extent possible, the service model should allow prisoners to have ongoing access to mental health professionals with whom they can build a trusting therapeutic relationship over time.
10. Culturally competent efforts to enhance mental health services for Koori prisoner must be linked to aftercare in the community, with emphasis on Aboriginal Community Controlled Organisations. There is a fundamental need for the continuity of care in mental health services provided to Koori women and men as they exit prison. The means to help Koori prisoners connect to health, mental health and social services in the

community should be explored since different approaches, such as in-reach models, the use of AWOs who work outside of the prison to provide support and assistance, might be appropriate.

Practice Recommendations

11. The Aboriginal concept of health is holistic and encompasses all aspects of health: physical, mental, cultural and spiritual. The assessment and treatment of mental health, therefore, should be conducted in the context of a broad Social and Emotional Well-Being framework that includes the following elements:
 - a. Mental health assessments and the delivery of mental health services to Koori prisoners must be done in a culturally informed and culturally safe manner.
 - b. Health and mental health staff should receive training to assist them to develop cultural competence in working with Koori people. Health and mental health practitioners and those responsible for the delivery of services should take into account the historical, cultural, and environmental experiences and contemporary circumstances of Koori people.
 - c. Services should be provided to address elements of social and emotional well-being that impinge on mental health including the importance of connection to culture, ancestry, spirituality, land, family and community.
 - d. Services should also help individuals build resilience (e.g., coping strategies, strengths), as the study revealed that men and women with higher degrees of resilience experience lower levels of most mental illnesses.
12. The study identified particularly high rates of anxiety (PTSD) and mood disorders among Koori prisoners, and revealed a relationship between these disorders and elements of social and emotional well-being including distress, stressors, and lack of resilience. As such, in addition to managing symptoms, services are required that address the underlying distress experienced by Koori men and women in custody. Given the high rate of mental disorder and social and emotional damage among female Koori prisoners, all Koori women should undergo a culturally appropriate mental health assessment upon incarceration. The assessment should be used to develop care plans for female prisoners that can help address their mental health and social and emotional well-being needs during their period of incarceration and into the community.

13. Although the rates of mental disorder and social and emotional damage are somewhat lower for male Koori prisoners, they are still significantly higher than what is found for other prisoners. As such, health and mental health professionals should be acutely aware of the heightened level of need for services that many male Koori prisoners may have to ensure that men in need of services are appropriately referred and treated.
14. Rates of substance misuse are high among both female and male Koori prisoners; therefore, culturally relevant intervention programs for substance use disorders, and co-occurring mental illnesses and substance use disorders are required. Interventions should include life building skills and the development of resilience to help address some of the underlying factors that may relate to elevated levels of substance misuse (e.g., grief, loss, trans-generational trauma, and psychological distress).
15. Although the estimated rates of cognitive impairment deficits among Koori prisoners do not appear to differ from rates for other prisoners, a small but significant proportion of Koori prisoners have intellectual disability and cognitive impairments that can impact negatively on their well-being. Appropriate evaluation and intervention are required where needed that take into account the cognitive deficits of prisoners.
16. Families may provide a support of ongoing support for Koori prisoners with mental health and social and emotional well-being needs; therefore, where appropriate, the role of the family in providing information and support should be considered in the mental health care of prisoners.
17. Given the diversity across Koori prisoners from different regions and mobs, attempts should be made to reconnect people to their mobs and enlist support of the mobs in providing prisoner care.
18. Aboriginal and Torres Strait Island prisoners sometimes come from other states and jurisdictions and staff should, therefore, consider their unique cultural issues and needs.

Figure 1:
Koori Prisoner Mental Health Journey -
Recommendations

